DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration Center for Veterinary Medicine

REQUEST FOR A MEETING OR TELECONFERENCE

Form Approved: OMB No. 0910-0452 Expiration Date: 11/30/2003

PAPERWORK REDUCTION ACT STATEMENT: A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless it displays a current valid OMB control Number. The public reporting burden for the collection of information is estimated to vary from 15 minutes to 2 hour, with an average of 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary information, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information to the Food and Drug Administration, Center for Veterinary Medicine, 7500 Standish Place, Rockville, MD 20855.

Submit this notice electronically to: Food and Drug Administration Center for Veterinary Medicine (HFV- 7500 Standish Place Rockville, Maryland 20855 (E-mail:cvmdcu@cvm.fda.gov)		DATE: INAD /NADA NO: DRUG: SPECIES:		
The sponsor, information is submitted in electronic form.			, submits a request for a meeting or teleconference.	This
l.	Request:			
1.	PROPOSED DATE AND TIME:			
	Enter alternative dates in the	Itemized Agenda s	section:	
2.	PURPOSE OF MEETING:			
3.	SPONSOR PARTICIPANTS:			
4.	REQUESTED CVM PARTICIPANTS:			
5.	TYPE OF MEETING	_	_	
	In Person Conference Other(specify):	Teleconfere	nce	
6.	AUDIO-VISUAL REQUIREMENTS: Slides Overhead Other(specify):	Computer P	rojection	
II.	Sponsor Information			
1.	SPONSOR'S NAME:			
2.	SPONSOR'S ADDRESS:			
3.	SPONSOR CONTACT'S NAME:	IDED.		
4.	SPONSOR CONTACT'S PHONE NUMBER:			
5. 6.	SPONSOR CONTACT'S FAX NUMBER: SPONSOR CONTACT'S E-MAIL ADDRESS:			

INAD/NADA No.: DATE:

III. Itemized Agenda (Attached):